

Clarendon Court (Nottingham) Limited

Clarendon Court Care Home

Inspection report

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21 July 2022

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Ratings

Overall rating for this service	Inadequate ●
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Is the service safe?	Inadequate ●
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Is the service well-led?	Inadequate ●
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Summary of findings

Overall summary

About the service

Clarendon Court Care Home is a residential care home providing accommodation and personal care for up to 54 people, including people living with dementia. At the time of the inspection 31 people were living at the service. The service is in a residential area of Nottingham city, in one building set out over four floors. The ground floor has a communal dining area and lounges. The three upper floors do not provide separate facilities for dining or lounge areas for people.

People's experience of using this service and what we found

Staff had not been effectively deployed across the service to meet people's identified needs. We observed people who were at risk of choking, eating whilst unobserved by staff. People were not always moved as required to prevent risk of skin damage.

Safeguarding policies within the service were not dated. Some staff were not implementing the provider safeguarding and record keeping training and policies, placing people using the service at risk of harm.

Risk assessments did not always reflect people's health care needs and were at times contradictory. Care plans were not regularly reviewed and updated to identify the support people required.

There was inadequate quality monitoring in place, to ensure the concerns we identified had been picked up prior to inspection. There was no robust analysis of the call bell system in the service for themes and trends when people had experienced falls or other significant events.

People were not always supported to have maximum choice and control of their lives although staff supported them in the least restrictive way possible and in their best interests; the environment of the building did not support this practice; although we saw that policies, systems and training for staff supported their understanding of how this should be implemented.

Medicines were administered and managed safely, and staff had completed medicines training. Medicines were being audited regularly with improved recording systems in place.

Staff were kind and caring, they interacted with people in ways which showed they understood people well. People told us staff were patient and understanding towards them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate report published (29 April 2022.)

The provider completed an action plan after the last inspection to show what they would do and by when to

improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This was a focused inspection to check whether the provider had met the requirements of the previous breaches found in Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance), Regulation 18 (Staffing) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

During inspection we found there was a concern with safeguarding and risk management, so extended the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

The overall rating for the service has remained Inadequate based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Clarendon Court on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we have asked the provider to take at the end of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Clarendon Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice we issued on 21 March 2022, in relation to Regulation 12 (Safe Care and Treatment), Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regards to concerns we found at the previous inspection in relation to infection control, medication management, staffing numbers and good governance of the service. During the inspection we identified further concerns with safeguarding, staff deployment and risk management, so extended the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Clarendon Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Clarendon Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch for information regarding the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We observed staff interaction with people during the site visit. We spoke with the registered manager, the service administrator, three senior care staff, seven care staff, one domestic member of staff, a member of laundry and kitchen staff and the cook. We spoke with six people who lived at the service.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including the staff rota.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current staffing information, training data, policies and procedures and meeting records, audits and checks.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has remained Inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- One person had been identified as being at high risk of skin breakdown. The day and night repositioning records showed gaps and sporadic recording by staff. This left the person at potential risk of developing a pressure sore. This person required support and observation from staff when eating, with a health professional advising their food should be cut up into small pieces. We observed staff were not following this guidance, which meant the person was also at risk of choking.
- Risk assessments for people were not always accurate or regularly reviewed. For example, the care plan of one person identified they were at high risk of falls. However, the falls risk assessment for this person in their care plan had not been updated since July 2021. The details contained within their care plan for staff to follow were contradictory. This left the person at risk of potential harm.
- There were not always enough staff in communal areas, those staff who were allocated to these areas did not always observe people effectively. We found this was not recorded within people's daily records. This put people at risk of falls and avoidable harm.
- Care plans had not always been updated with changes in people's health needs, and therefore lacked detail. For example, the type of pressure relieving mattress used for people was not specified on their record. There were gaps in the checks carried out on these specific pieces of equipment. This meant staff may not know how to support people safely.
- People had personal evacuation plans (PEEP's) in place for staff to follow in the event of an emergency. We remained concerned that staff were ineffectively deployed across the service at night, to meet the requirements of people detailed in their PEEP's. We fed back our concerns to Nottinghamshire Fire & Rescue Service and the provider. We have reported on this in the Well Led section of the report.

The registered manager had failed to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that fire safety training was now up to date for all staff.

Staffing and recruitment

At the previous inspection, the provider had failed to ensure the employment of fit and proper persons, which was a breach of Regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 19.

- Staff were not always safely recruited. The provider and registered manager had failed to ensure appropriate pre-employment checks and safe recruitment processes were carried out for new staff members; to ensure they were suitable to work at the service.
- The provider and registered manager had failed to improve their recruitment processes within the service. Following our last inspection, the provider submitted an action plan where they stated they had improved their recruitment process to ensure this was robust. We reviewed a sample of staff files and found some staff had been recruited without appropriate references and interview processes being in place prior to their appointment. This placed people at potential risk of harm due to the lack of a thorough recruitment process.
- The provider submitted a document showing designated management responsibilities for recruitment following the inspection. We will review this at our next inspection.

At our last inspection the provider had failed to ensure they had provided sufficient numbers of competent and trained staff, which increased the risk to people's safety. This placed people at increased risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18

- Staffing levels had been increased as required since the last inspection and were set according to people's assessed needs. These were detailed in the dependency tool for each floor of the service. However; we found that staff were still not effectively deployed across the service as described in the allocation tool. We have reported on this in the Well Led section of this report.
- People were left alone and not supported when eating, in a communal lounge area. People were observed sitting for periods of time, with a lack of staff to support them. We observed staff taking meals to people on side tables, so they did not leave their chairs to eat in the dining area. This meant people lost the social experience of sitting at a dining table if they so wished.
- Staff had received all of the training necessary for their roles. The registered manager had ensured staff had received competency checks and supervision for their roles.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always protected from the risk of abuse. We observed one person being manually handled inappropriately by staff during the inspection following an unwitnessed fall. This incident was not correctly documented or reported by staff and the necessary welfare checks of the person did not occur at the time of the incident. This placed the person at risk of harm. The registered manager was responsive to the concerns raised by the inspection team and worked with the local authority safeguarding team to investigate the incident.
- Staff had completed safeguarding adult's training. However, some staff were not implementing their learning, along with manual handling training and the observed inappropriate handling.
- Some incidents were not accurately recorded by staff. We found some records with the wrong dates. Some did not have supporting body map information and appropriate action had not been taken. This was despite all staff having recently completed note taking training. The registered manager had failed to pick this up in their audit of incident records to ensure lessons were learned and shared with the staff team.
- Lessons were not learned following incidents. There were no records of how the service had learnt lessons from what had not worked well and how they had changed their procedures as a result.

The provider had failed to ensure that systems and processes were operated effectively to safeguard people

from the risk of abuse. This is a breach of Regulation 13 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Concerns that had been reported by staff were reported to the local authority safeguarding team by the registered manager.

Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to ensure the safe administration of medicines and infection and prevention control measures were effectively managed, which increased the risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of Regulation 12.

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The deputy manager ensured the appropriate staff were assessed as competent to support people with their medicines.
- Where people were being provided with their medicines covertly, we saw there were appropriate best interest decisions in place to support this.
- Controlled drugs were stored and monitored correctly by the senior in charge. The treatment room for storing medicines was clean and the storage temperatures were checked daily. These were audited by the deputy manager.
- We observed staff supporting people with their medicines in a discreet way, asking them how they were feeling before they provided them with their medication. People's preferences for taking their medication was clearly recorded on their administration charts.
- The provider's infection prevention and control policy was not dated; therefore, it was unclear if it was up to date and when it was due to be renewed. We requested that this was reviewed and clearly dated following our visit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. Staff within the service were wearing PPE in line with current Government guidance
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean and well maintained. Increased cleaning was being carried out at high-touch points by the domestic team.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. We saw that the registered manager had discussed and recorded the essential care giver role with relatives of people in the care records for people using the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA. If needed appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. We saw that the registered manager had requested a review of current DoLS authorisations decisions which were in place for people.
- We discussed our concerns with the registered manager, that people residing on the upper floors of the service who may lack capacity could not access the lower floors without the assistance of staff. The corridor doors were a locked keypad entry style. None of these floors have a communal lounge or kitchenette space for people to make use of if they so wish. This meant some people had to either request the assistance of the staff member allocated to each floor, for assistance to the ground level communal lounge or dining space or be assisted by staff. This potentially impacted on people's freedoms and choices.
- The registered manager provided evidence following our inspection that review for decisions relating to restrictions on people's movements within the service had been requested with the appropriate professional body.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating for this key question has remained Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to effectively and consistently assess, monitor and mitigate risks. Systems and processes were not in place or effectively used to identify and rectify concerns. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Quality management systems were not effective and provider oversight of the service was not used effectively to reduce risk to people. For example, the call bell audits did not analyse the response times by staff which were out of the range as defined in the provider policy. This would enable risks to people to be reduced, and improvements to the service to be made.
- Audits were carried out and identified issues, however there were no action plans following these to show who, how or when these issues would be addressed or followed up to ensure they had been completed.
- Following our last inspection we issued a warning notice to the provider due to the staffing numbers at the home and action was taken to increase the number of staff and reduce the risk of harm to people. However, the lack of robust systems and processes within the service to monitor and review people's current level of needs, along with a failure to effectively review the service dependency tool, had led to ineffective deployment of the increased staff levels across the service.
- The provider and registered manager had failed to ensure the implementation of the business continuity plan to ensure the provision of sufficient numbers of staff were being deployed to meet people's needs.
- The registered manager failed to ensure service delivery met people's identified needs, as reflected in their current risk assessments. For example, identification of people's falls risks. This left people at risk of harm.
- The provider had failed to ensure they followed safe recruitment systems and processes. The recruitment policy for the service was not dated. This placed vulnerable people at risk.
- The registered manager failed to ensure the quality of care being provided was to a high standard. Despite support and guidance from health and social care professionals; the systems in place were not keeping people safe.
- Best practise guidance was not being followed. For example, a visiting health professional had advised the

registered manager a person should be observed at all times when mobilising in a communal area due to their risk of falls. We did not find this person being supported as required during our inspection. This placed this person at risk of further falls and injury.

- Recently employed staff told us the previous inspection report had been shared with them by the registered manager, highlighting areas where the service needed to improve. However, not all staff felt confident that the management team were implementing this appropriately.
- The registered manager failed to ensure people's care notes were kept secure and stored in a safe place. We found care plans stored in an unlocked cabinet in the main office. Care notes waiting to be archived were left on top of a desk in the main office. These remained accessible to anyone in the building.
- Key policy documents had no dates, no review dates or version control. Therefore, we could not be certain these were reflective of the current policy that staff were following or up to date with best practise.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There remained a lack of information available to support people who did not have English as their first language or who may live with communication challenges. The service had not engaged the use of accessible information, such as flashcards or particular forms of technology.
- The registered manager was aware of their legal responsibilities to be open and honest, and we saw from records the registered manager informed relatives if accidents or incidents had occurred.
- Staff we observed, demonstrated a positive and caring approach towards the people in their care. One member of staff said, "I love it here, it is a hard job; but I really feel I can make a difference to someone's day."
- We found staff were caring towards people. We observed staff being warm and positive in their interactions with people. People told us staff were kind and patient with them. One person we observed during the medication round was spoken with in a discreet manner when asked about their level of pain. This person told us staff were always kind towards them.
- The majority of staff told us they felt able to raise concerns with the registered manager and we saw records of regular meetings and supervisions. However, lessons were not being learnt.

Working in partnership with others

- The registered manager worked in partnership with the local GP surgery and other healthcare professionals. We saw from records that people had been referred in a timely manner when a specific health or social care need had been identified. However, we remain concerned the service had not implemented recommendations from professionals as required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure that systems and processes were operated effectively to safeguard people from the risk of abuse.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively and consistently assess, monitor and mitigate risks which placed people at increased risk of harm. The provider had shown poor governance related to the deployment of staff and a consequent failure to address these issues posed a risk to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure the employment of fit and proper persons

